

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
099 39 529

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
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14						
15	1					
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24	1					
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28						
29						
30						
31	1					
32	1					
33		1				
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	28					
TOTAL CLAIMS	33					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY